



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+NJD982727612

TEXTILE TRANS-PRINT CORP  
480 KULLER ROAD  
CLIFTON

NJ 07015

INSTALLATION ADDRESS

400 KULLER ROAD  
CLIFTON

NJ 07015

*It's okay!*



## Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

## Comments

Comments	
C	
C	

Installation's EPA ID Number										Approved		Date Received (yr. mo. day)			031. Passaic										
C	N	J	D	9	8	2	'	7	2	7	6	1	2	T/A	C			8	9	0	3	2	4		
F															1										

T E X T I L E T R A N S - P R I N T C O R P .

## Street or P.O. Box

[illegible]

City or Town															State		ZIP Code					
C															N	J	0	7	0	1	5	
4	C	L	I	F	T	O	N															

## Street or Route Number

[illegible]

City or Town															State		ZIP Code						
C	C	L	I	F	T	O	N										N	J	0	7	0	1	5

## Name and Title (last, first, and job title)

C												Phone Number (Area Code and Number)													
2	B	E	L	L	O	,	J	O	H	N	P	R	E	S	.	2	0	1	5	4	6	5	4	0	0

A. Name of Installation's Legal Owner

C A L L S T A T E C A N C O R P .															S. Type of Ownership (enter code)									
R T E X T I L E T R A N S - P R I N T															P									

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter "X" and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter "X" and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

**VII. Waste Fuel Burning: Type of Combustion Device** (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler      ☐ B. Industrial Boiler      ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air    ☐ B. Rail    ☐ C. Highway    ☐ D. Water    ☐ E. Other (specify) \_\_\_\_\_

## IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification      ☐ B. Subsequent Notification (*complete item C*)



ID — For Official Use Only														
C													T/A	C
W														1

# X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)

☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

# XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

John Bello, President



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

06/17/96

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NJD982727612
FACILITY NAME ->	COINING TECHNOLOGIES INC
MAILING ADDRESS ->	400 KULLER RD CLIFTON, NJ 07011
INSTALLATION ADDRESS ->	400 KULLER RD CLIFTON, NJ 07011

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: FLACH, RALPH  
CHIEF ENGINEER  
COINING TECHNOLOGIES INC  
400 KULLER RD  
CLIFTON, NJ 07011



Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

96-06-11

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

NJ0982727612

## II. Name of Installation (Include company and specific site name)

COINING TECHNOLOGIES INC

## III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

400 KULLER ROAD

Street (Continued)

City or Town

CLIFTON

State

Zip Code

NJ 07011

County Name

PASSAIC

## IV. Installation Mailing Address

Street or P.O. Box

SAME AS ABOVE

City or Town

SAME AS ABOVE

State

Zip Code

SAME AS ABOVE

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

FLACH

(First)

RALPH

Job Title

CHIEF ENGINEER

Phone Number (Area Code and Number)

201-253-0500

## VI. Installation Contact Address

A. Contact Address  
Location Mailing Other

B. Street or P.O. Box

SAME AS ABOVE

City or Town

SAME AS ABOVE

State

Zip Code

SAME AS ABOVE

## VII. Ownership

## A. Name of Installation's Legal Owner

BGM ASSOCIATES LLC

Street, P.O. Box, or Route Number

400 KULLER RD

City or Town

CLIFTON

State

Zip Code

NJ 07011

Phone Number (Area Code and Number)

201 253 0500

B. Land Type

P

C. Owner Type

P

D. Change of Owner  
Indicator

Yes

No

X

(Date Changed)  
Month Day Year

03 08 96

From: Jack Hoyt, AWMD, EPA, Region 2, 290 Broadway, 22 Fl.  
New York, NY 10007-1866. Tel; (212) 637 4106

Change Owner



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

## A. Hazardous Waste Activity

1. Generator (See instructions)  
☐ a. Greater than 1000kg/mo (2,200 lbs.)  
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)  
☒ c. Less than 100 kg/mo (220 lbs.)  
2. Transporter (Indicate Mode in boxes 1-5 below)  
☒ a. For own waste only  
☐ b. For commercial purposes
- Mode of Transportation  
☐ 1. Air  
☐ 2. Rail  
☒ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.  
4. Hazardous Waste Fuel  
a. Generator Marketing to Burner  
b. Other Marketers  
c. Boiler and/or Industrial Furnace  
☐ 1. Smelter Deferral  
☐ 2. Small Quantity Exemption  
Indicate Type of Combustion Device(s)  
☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace  
☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer  
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)  
☐ a. Utility Boiler  
☐ b. Industrial Boiler  
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)  
☐ a. Transporter  
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)  
☐ a. Process  
☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
X 7 2 6	X 7 2 5				

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL

Ralph Flach

Name and Official Title (Type or print)

CHIEF ENGINEER

Date Signed

5/22/96

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)